

SoCal Gymnastics

REQUEST FOR CALENDAR DATE



REQUESTED DATE _____

NAME OF THE MEET _____

HOST CLUB _____ LEVELS

& FORMAT: _____ SITE

ADDRESS _____ CITY _____ Meet

Director _____ Cell _____ Email _____

USAG# _____ Gymnast Entry Fees \$ _____

Site sq ft. _____ Spectator Seating Capacity/Session _____

Gift for Athletes _____

Type of Awards:

Placement _____ Medals _____ Other _____

of Judges needed per day _____ (must submit request & fee @meet directors meeting)

of meets hosted in the past two years: Local _____ State _____

_____ ~ All date requests must be in hand
by MAY 1st for calendar consideration. ~ A \$100 bond for each calendar date requested must be submitted to the State Chairman if your
meet date is awarded. ~ Any changes to this request made after approval by the SAC may incur a \$50 fine ~
~ Cancellation of meet date(s) will result in forfeiture of the bond.

As meet director I understand and agree to comply with all SOCAL Gymnastics and USA Gymnastics rules and policies.

Signature of Meet Director _____ Date _____

Mail to: Peter Flores-SoCal SACC:

2277 Redondo ~ Signal Hill CA 90755 or email to SoCalSACC@gmail.com